

Name  
in  
Full

Hansi Abraham

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

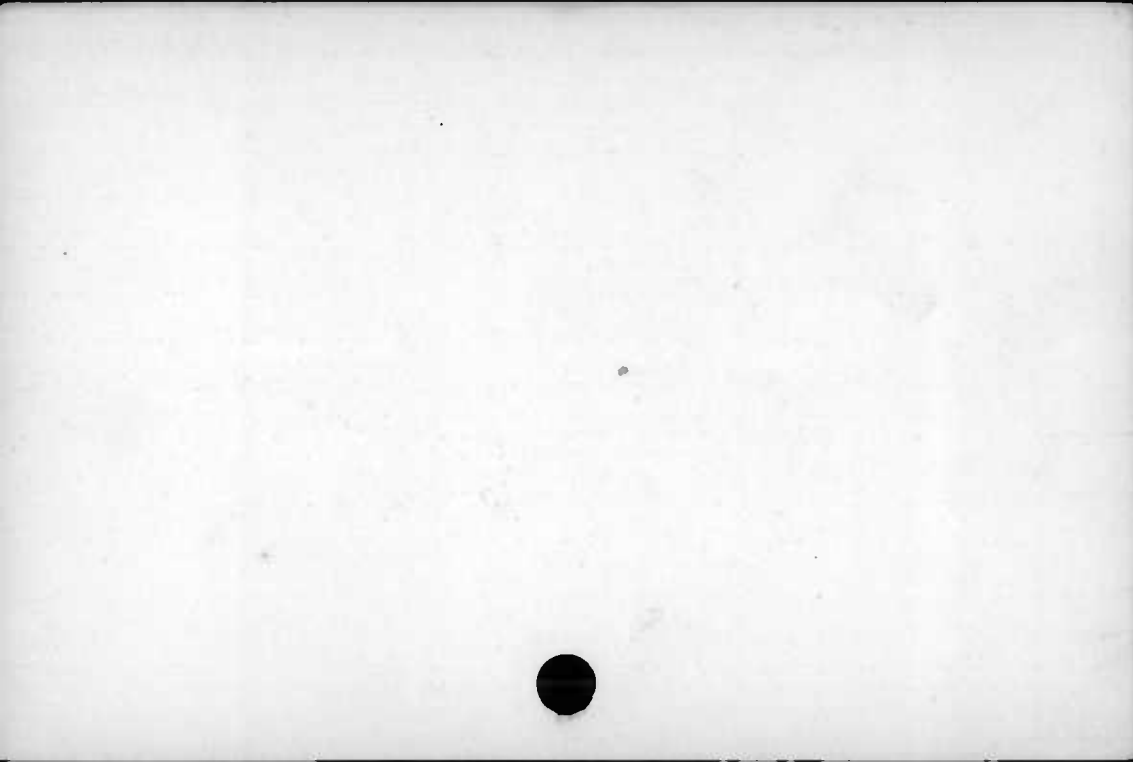
Died at <i>Wor Beekhem</i>		Town <i>Coralum</i>		County		MARYLAND	
Date of death	<i>1907</i>	Month <i>Oct</i>	Day <i>1</i>	Age	Years	Months <i>9</i>	Days <i>25</i>
Sex <i>Male</i>	Color or Race <i>Hollander</i>		Birth-place <i>Ind</i>				
Occupation <i>None</i>			Where Residing if not at place of death <i>Ind</i>				
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>None</i>					
Father's Name <i>Cornelius Abraham</i>				Father's Birthplace <i>Holland</i>			
Mother's Maiden Name <i>Hannis Louge</i>				Mother's Birthplace <i>Holland</i>			
Name of person giving information <i>Cornelius Abraham</i>				How related to deceased <i>Father</i>			

## CAUSES OF DEATH

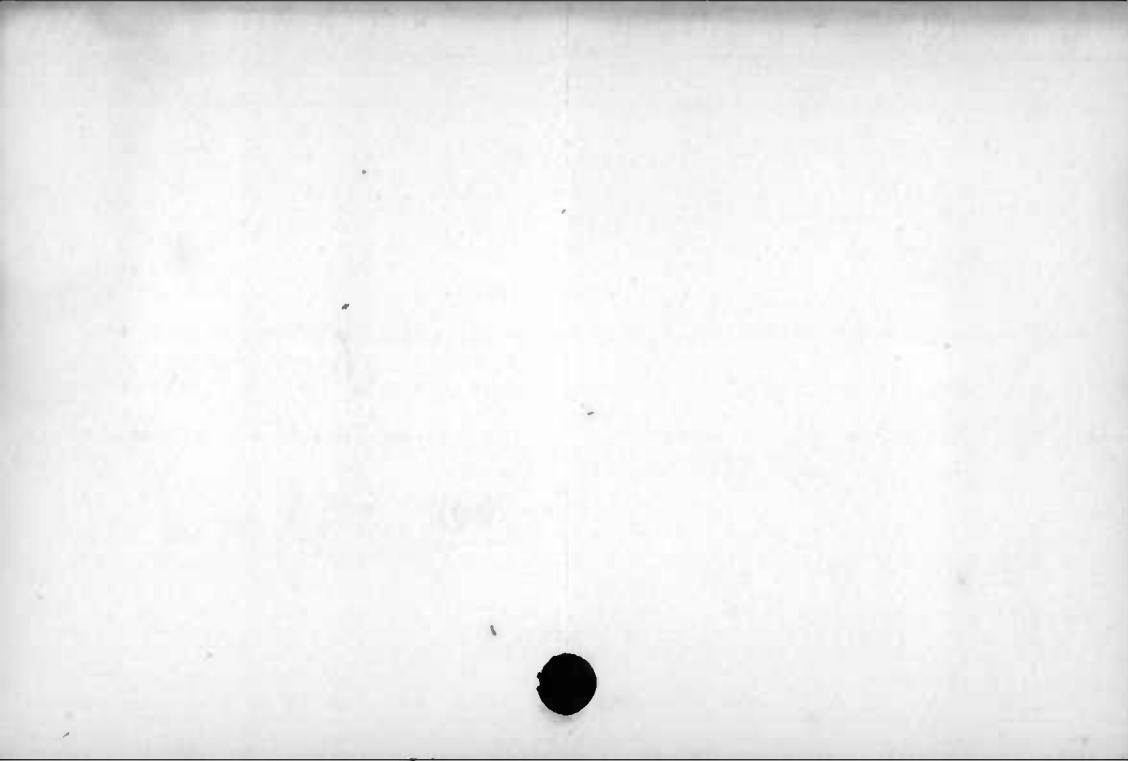
1105

PHYSICIAN  
OR CORONER

Primary	<i>Acute Gastro Enteritis</i>	How long	<i>10 days</i>
Immediate	<i>Intestinal Intoxication</i>	How long	<i>3 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. Raymond Downes</i>	
		Address	
Accident or Suicide?			



Name in Full		David Bowdle				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Federalsburg		County		MARYLAND	
	Date of death	1907	Month Oct	Day 12	Age 16	Months	Days
	Sex	male		Color or Race	white	Birth- place	md
	Occupation	student		Where Residing if not at place of death			
	Married, Single or Widowed	single		Name of Wife or Husband			
	Father's Name	Wm Bowdle				Father's Birthplace	md
	Mother's Maiden Name	Aramantha Wright				Mother's Birthplace	md
PHYSICIAN OR CORONER	Name of person giving In formation	Wm Bowdle				How related to deceased	father
	CAUSES OF DEATH						1
	Primary	Typhoid				How long	2 weeks
PHYSICIAN OR CORONER	Immediate					How long	
	Are the name, age, sex, color, date and place correctly given above?	yes				Signature of Physician	R Kemp Jefferson
						Address	Federalsburg md
	Accident or Suicide?						



Name  
in  
Full

## CERTIFICATE OF DEATH

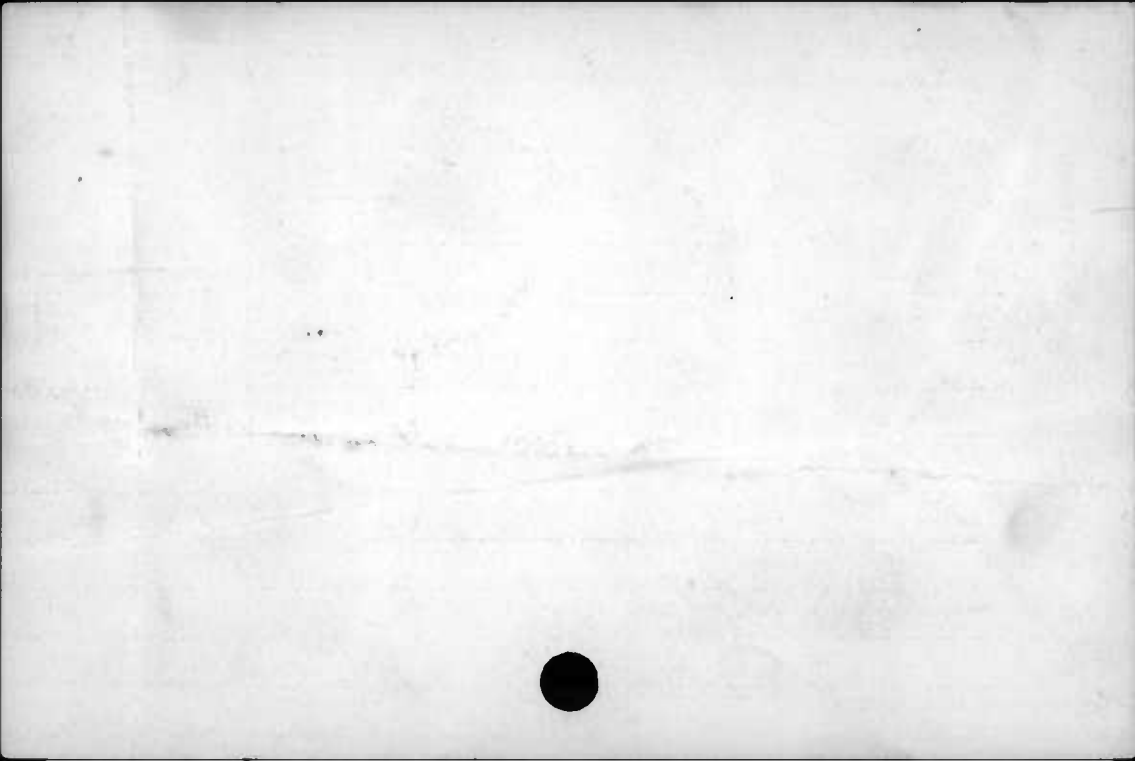
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Goldboro</i>		Town <i>Caroline</i>		County		MARYLAND							
Date of death <i>1907</i>		Month <i>Oct.</i>		Day <i>6</i>		Age <i>37</i>		Years <i>7</i>		Months <i>25</i>		Days	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth place <i>Westminster Md</i>									
Occupation <i>House - wife</i>		Where Residing if not at place of death											
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Mrs. N Battlett</i>											
Father's Name <i>Eli Cheffins</i>		Father's Birthplace <i>Unknown</i>											
Mother's Maiden Name <i>Arabelle Dempsey</i>		Mother's Birthplace <i>Baltimore Md</i>											
Name of person giving information <i>Mrs. N Battlett</i>		How related to deceased <i>Her land</i>											

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Nephritis &amp; Typhoid fever.</i>	How long	<i>2 weeks</i>
Immediate	<i>Uremic poisoning.</i>	How long	<i>24 hrs.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>J. Selver</i>	
		Address <i>Goldboro.</i>	
Accident or Suicide?			



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1907		Oct.	13	79			
Sex		Color or Race		Birthplace			
Male		White		Del.			
Occupation				Where Residing if not at place of death			
None							
Married, Single or Widowed		Name of Wife or Husband					
Widow							
Father's Name				Father's Birthplace			
Don't know				Don't know			
Mother's Maiden Name				Mother's Birthplace			
Don't know				Don't know			
Name of person giving information				How related to deceased			
Robt. Leake				Son			

CAUSES OF DEATH

114

PHYSICIAN  
OR CORONER

Primary	Intest. Indigestion	How long	2 years
Immediate	Hypertic Inflammation	How long	2 weeks
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		J. H. Adams	
		Address	
		Greenboro	
Accident or Suicide?		No	





Name  
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Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

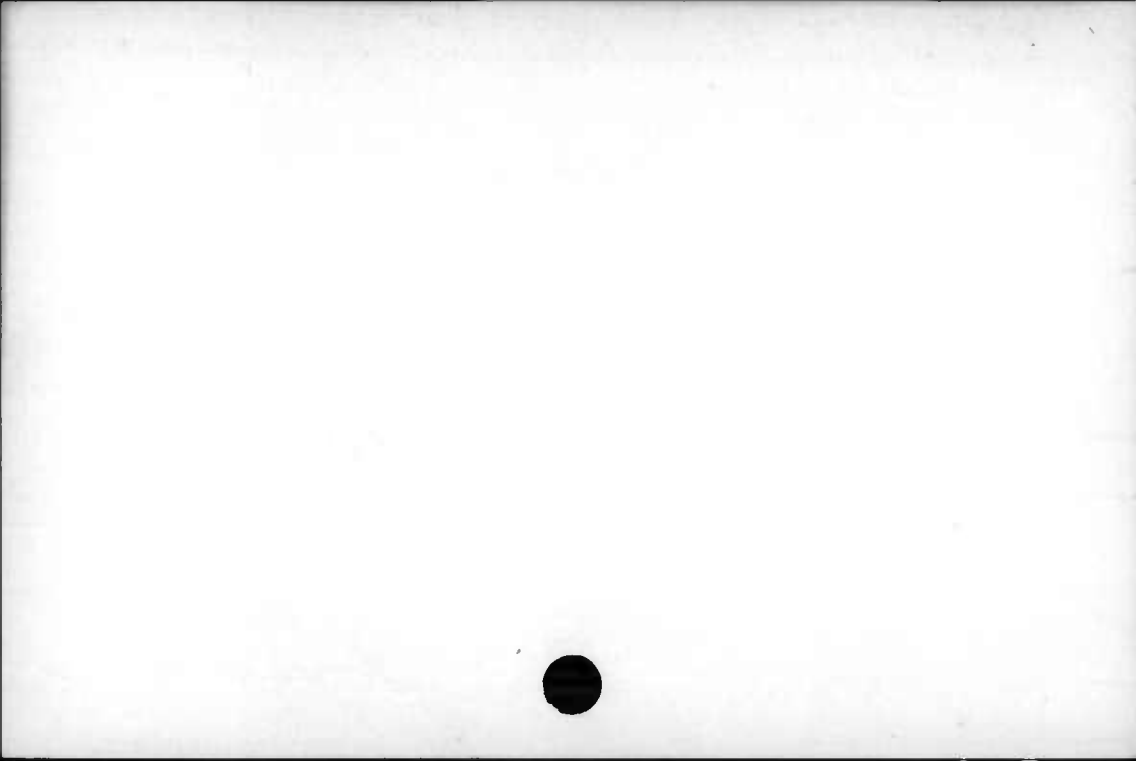
Died at <i>Ridgely</i> <small>Town</small>		<i>Caroline</i> <small>County</small>		MARYLAND	
Date of death	<i>1907</i>	Month	<i>10</i>	Day	<i>28</i>
Age	<i>42</i>	Years	<i>42</i>	Months	<i>2</i>
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birth place	<i>Caroline Co Md</i>
Occupation	<i>Housewife</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>Married</i>	Name of Wife or Husband	<i>Wm A Cranor</i>		
Father's Name	<i>Robert Montague</i>		Father's Birthplace	<i>Md</i>	
Mother's Maiden Name	<i>Hester Poore</i>		Mother's Birthplace	<i>Md</i>	
Name of person giving information	<i>Wm A Cranor</i>		How related to deceased	<i>Husband</i>	

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary	<i>Phthisis Pulmonalis</i>	How long	<i>9 Mo</i>
Immediate	<i>Exhaustion</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>J. C. Madara</i>
<i>yes</i>		Address	<i>Ridgely Md</i>
Accident or Suicide?			



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CERTIFICATE OF DEATH

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NEAREST FRIEND

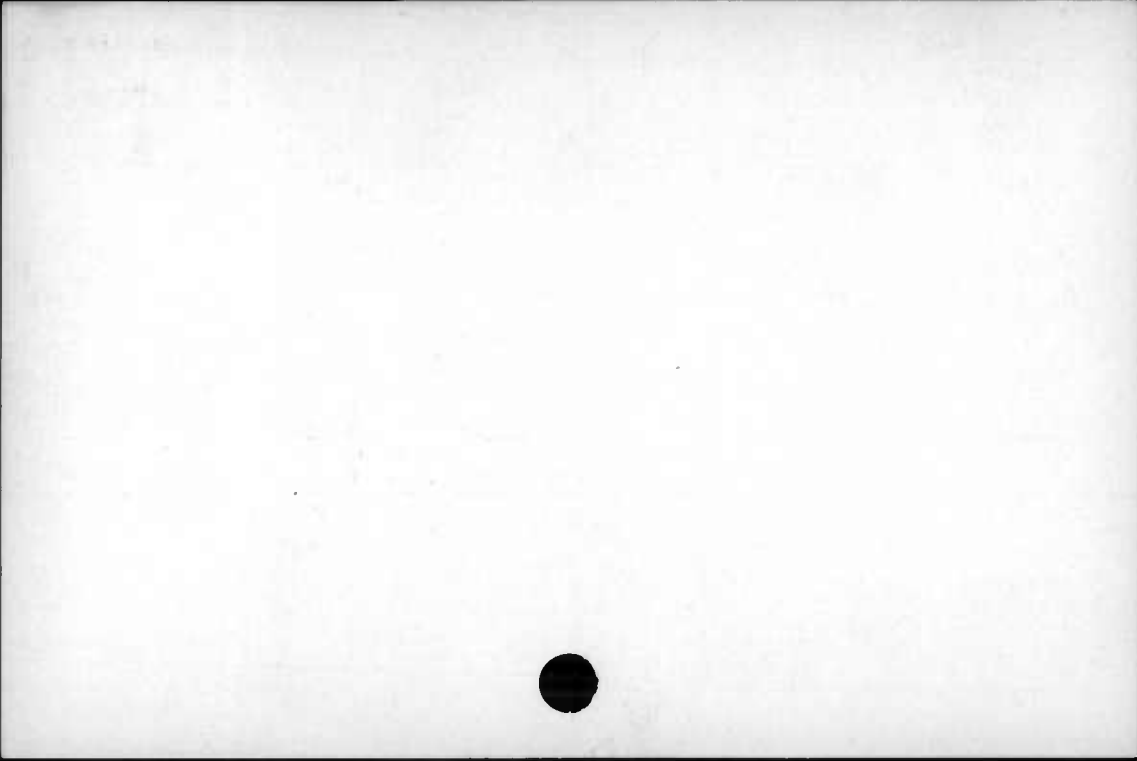
Died at <i>near Boston</i>		Town <i>Boston</i>		County <i>Caroline</i>		State <i>MARYLAND</i>	
Date of death	<i>1907</i>	Month <i>Oct</i>	Day <i>21</i>	Age <i>4</i>	Years <i>—</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth place <i>near Boston</i>				
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>—</i>			Name of Wife or Husband <i>—</i>				
Father's Name <i>Charles Flukarty</i>			Father's Birthplace <i>Maryland</i>				
Mother's Maiden Name <i>Ida Turner</i>			Mother's Birthplace <i>Maryland</i>				
Name of person giving information <i>Charles Flukarty</i>			How related to deceased <i>Father</i>				

CAUSES OF DEATH

⑨

PHYSICIAN  
OR CORONER

Primary <i>Diphtheria</i>	How long <i>4 day @</i>
Immediate <i>Asphyxia</i>	How long <i>3 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. L. Noble</i>
	Address <i>Boston Ind.</i>
Accident or Suicide?	



Name  
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Annie R Gault

## CERTIFICATE OF DEATH

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NEAREST FRIEND

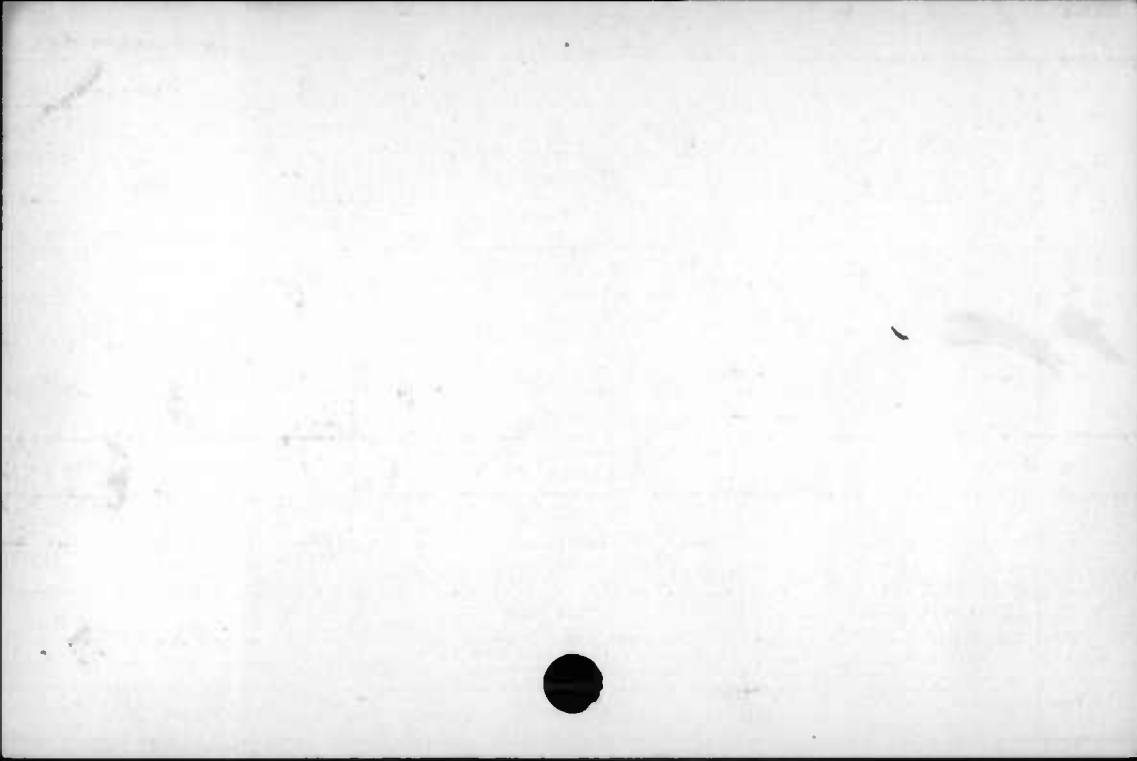
Died at		Town hobbs		County Carroll		MARYLAND	
Date of death	1907	Month 10	Day 27	Age 59	Years	Months 1	Days 20
Sex Female	Color or Race White		Birth- place Dardchester				
Occupation Farmer			Where Residing if not at place of death				
Married, Single or Widowed Married		Name of Wife or Husband L. R. Gault					
Father's Name Thomas Griffith		Father's Birthplace Dardchester					
Mother's Maiden Name Margaret Ross		Mother's Birthplace Dardchester					
Name of person giving In formation B B Deane		How related to deceased Sister					

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary Tuberculosis of Lungs	How long 6 months
Immediate Hemorrhage of Lungs	How long modern
Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician F. M. Nichols M.D.
	Address Darden MD
Accident or Suicide?	



Name  
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Mary Etta Hubbard

## CERTIFICATE OF DEATH

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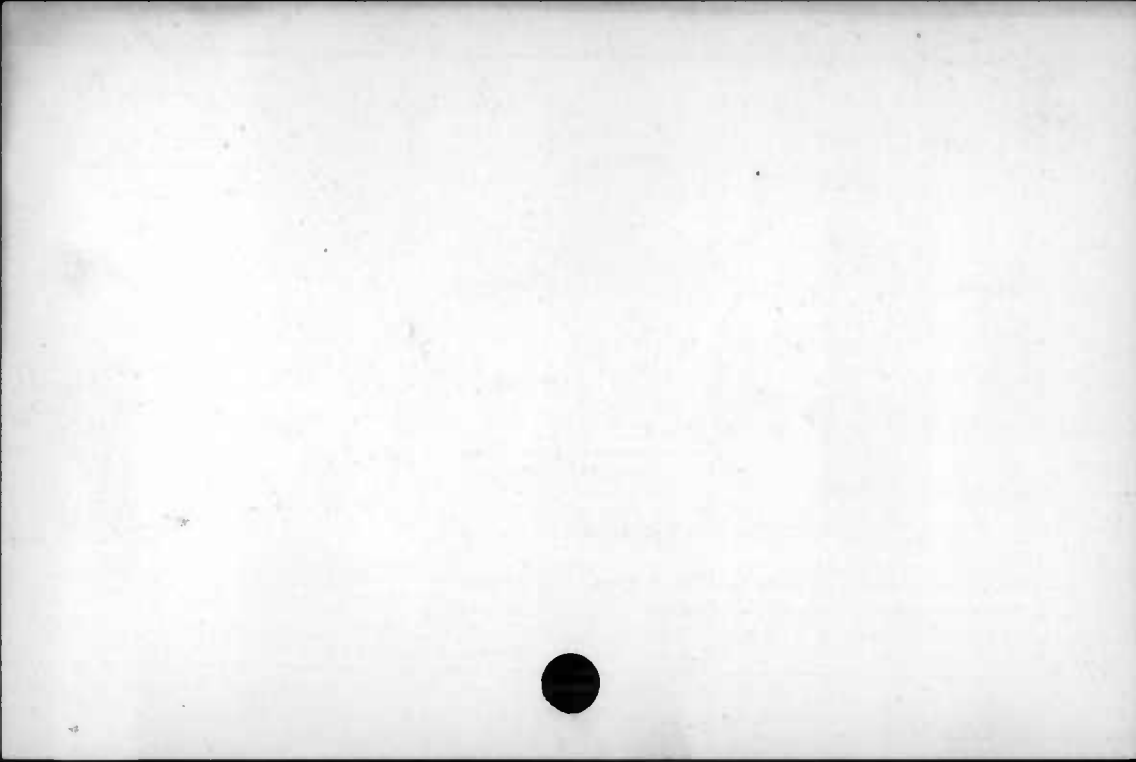
Died at		Town Hs Buehlehem		County Cordell		MARYLAND	
Date of death		1907	Month Oct	Day 31	Age 37	Years	Months Days
Sex Female		Color or Race White		Birth- place Md			
Occupation Housewife		Where Residing if not at place of death Hs Buehlehem					
Married, Single or Widowed Married		Name of Wife or Husband Albert Hubbard					
Father's Name Edw A. Matthews		Father's Birthplace Md					
Mother's Maiden Name Morchia Cox		Mother's Birthplace Md					
Name of person giving In formation Albert Hubbard		How related to deceased Husband					

## CAUSES OF DEATH

136

PHYSICIAN  
OR CORONER

Primary	Placenta Previa - Hemorrhage	How long 5 weeks
Immediate	Shock following operation	How long 1 hour
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician Raymond Dawson
		Address Preston
Accident or Suicide?		Md.





Name

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Full

Elsie Newcome

CERTIFICATE OF DEATH

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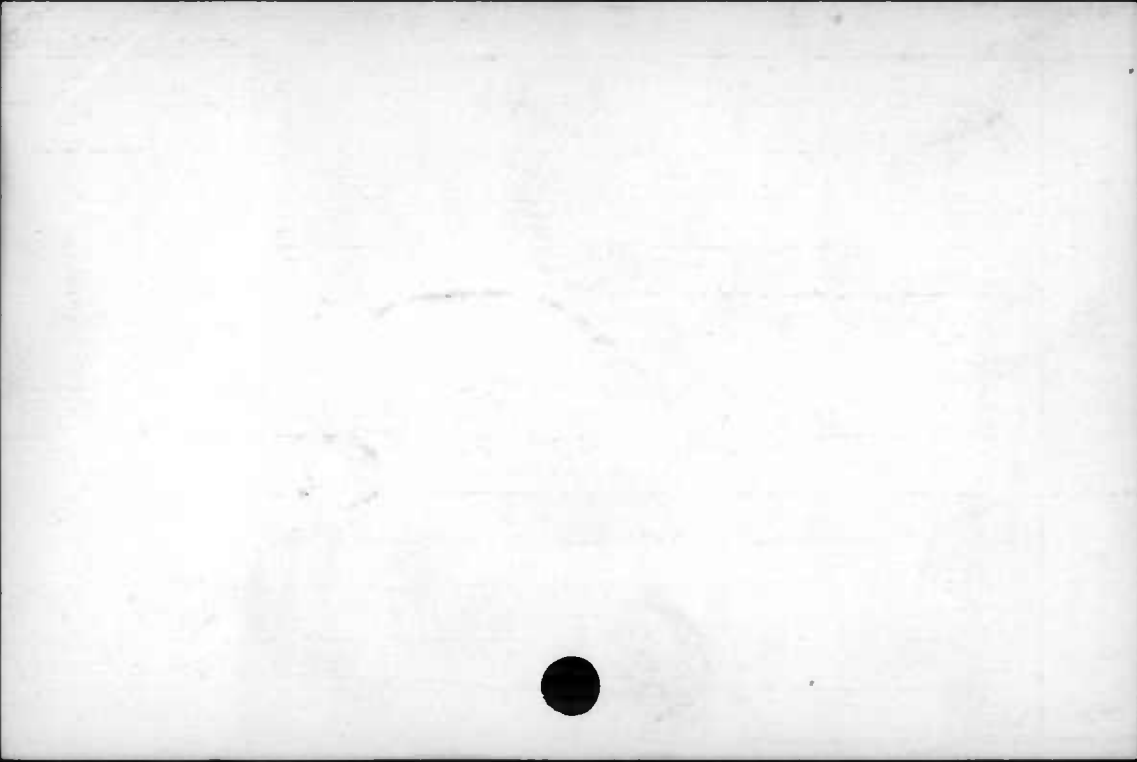
Died at <u>Alms House</u>		Town <u>Caroline</u>		County		MARYLAND	
Date of death	<u>1907</u>	Month <u>October</u>	Day <u>16</u>	Age <u>17</u>	Years	Months	Days
Sex <u>Female</u>	Color or Race <u>Black</u>		Birth place <u>Caroline co</u>				
Occupation <u>None</u>	Where Residing if not at place of death <u>At Alms House</u>						
<del>Single</del> <u>Widowed</u>	Name of Wife or Husband <u>None</u>						
Father's Name <u>William W. Newcome</u>	Father's Birthplace <u>Caroline co</u>						
Mother's Maiden Name <u>Not Known</u>	Mother's Birthplace <u>Caroline co</u>						
Name of person giving information <u>Annie Fletcher</u>	How related to deceased <u>None</u>						

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary <u>Consumption</u>	How long <u>Not known</u>
Immediate <u>Was brought here about one week ago. History</u>	How long <u>Not known</u>
Are the name, age, sex, color, date and place correctly given above? <u>Not known</u>	Signature of Physician <u>W. J. Smith</u>
	Address <u>Carrollville, Md</u>
Accident or Suicide?	



Name  
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George Lucas Parks

CERTIFICATE OF DEATH

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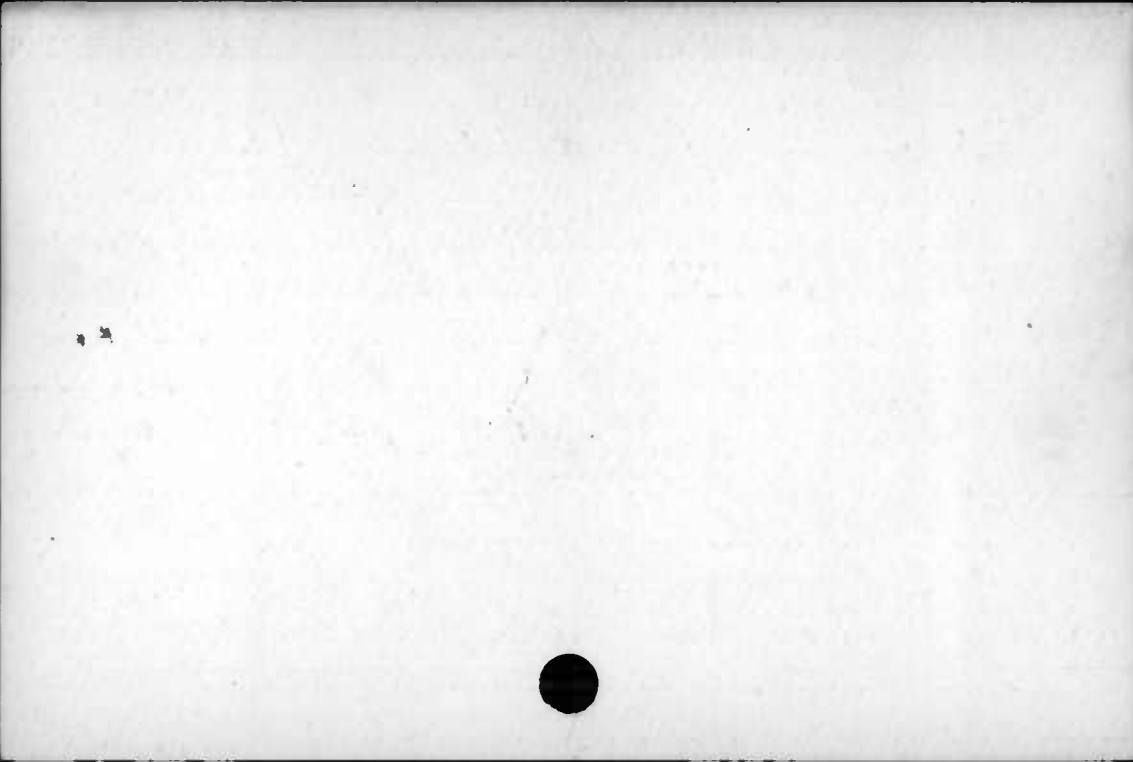
Died at		Town Lbenton		County Caroline		MARYLAND	
Date of death	1907	Month Oct	Day 1	Age 18	Years 11	Months 18	Days
Sex	Male		Color or Race	White		Birth-place	Easton, Ind
Occupation	Painter		Where Residing if not at place of death		Lbenton, Ind		
Married, Single or Widowed	Single		Name of Wife or Husband		X		
Father's Name	George Henry Parks				Father's Birthplace	Larches, Co	
Mother's Maiden Name	Laura Clark				Mother's Birthplace	Helanaw	
Name of person giving information	Anna Cough				How related to deceased	Aunt	

CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary	Consumption Pulmonary		How long	Two Years
Immediate	Exhaustion		How long	Two Weeks
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	
			Enoch George MD	
			Address	
			Winton Carlin Co	
			Maryland	
Accident or Suicide?				



Name  
in  
Full

Willie May Peppers

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at Greensboro

Town

Caroline

County

Date of death 1907

Month 10

Day 9

Age

Years 10

Months -

Days 2

Sex Female

Color or Race white

Birth-place Md

Occupation

Where Residing if not at place of death Greensboro

Married, Single or Widowed Single

Name of Wife or Husband

Father's Name John P Peppers

Father's Birthplace Del

Mother's Maiden Name Emma Peppers

Mother's Birthplace Del

Name of person giving information John P Peppers

How related to deceased Father

## CAUSES OF DEATH

Primary Syphoid

How long 7 wks

Immediate Pneumonia

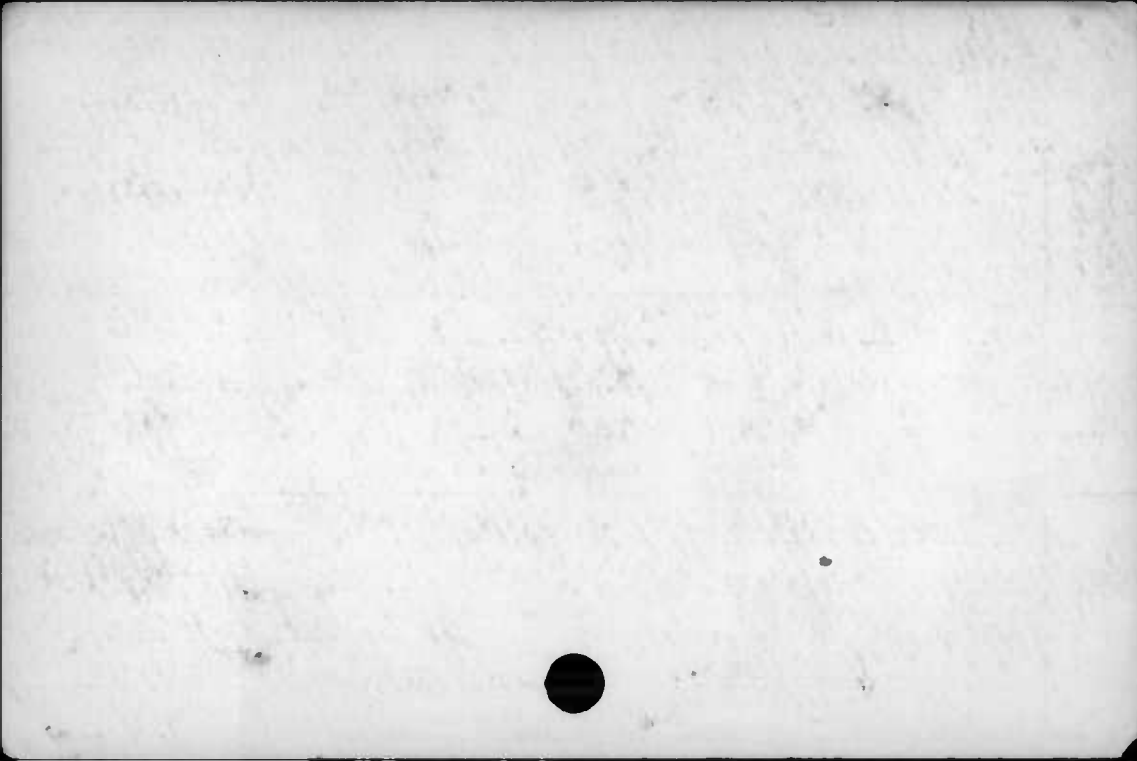
How long 6 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician W. W. Foldsby

Address Greensboro, Maryland

Accident or Suicide?



Name  
in  
Full

CERTIFICATE OF DEATH

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NEAREST FRIEND

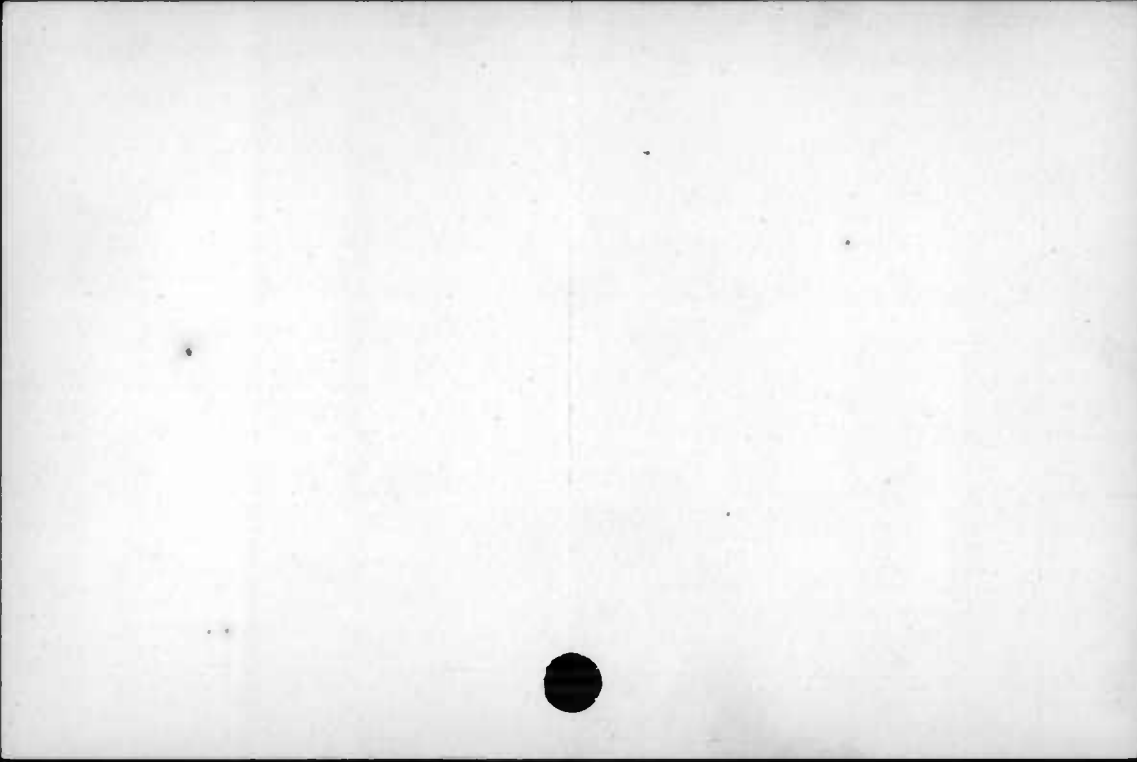
Name in Full <i>Elizabeth A. Prattis</i>		Town <i>Federalburg</i>		County <i>Caroline</i>		STATE <b>MARYLAND</b>	
Died at		Date of death <i>1907 Oct 9</i>		Age <i>65</i>		Months Days	
Sex <i>female</i>		Color or Race <i>black</i>		Birth-place <i>md</i>			
Occupation <i>housekeeper</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>single</i>		Name of Wife or Husband					
Father's Name <i>Solomon Prattis</i>		Father's Birthplace <i>md</i>					
Mother's Maiden Name <i>Kitty Prattis</i>		Mother's Birthplace <i>md</i>					
Name of person giving information <i>Annie Brunnington</i>		How related to deceased <i>daughter</i>					

CAUSES OF DEATH

*45*

PHYSICIAN  
OR CORONER

Primary	<i>Cancer (abdominal)</i>	How long <i>several years</i>
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?		
<i>yes</i>		Signature of Physician <i>R. Kemp Jefferson</i>
		Address <i>Federalburg md</i>
Accident or Suicide?		





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*Martha Prattis*  
Town *Federalsburg* County *Caroline*  
Died at  
Date of death *1907* Month *Oct* Day *30* Age *50* Years Months Days  
Sex *female* Color or Race *black* Birth-place *md*  
Occupation *housewife* Where Residing if not at place of death  
Married, Single or Widowed *married* Name of Wife or Husband *Chas R Prattis*  
Father's Name *Bayard Ricketts* Father's Birthplace *Del*  
Mother's Maiden Name *Warah Ricketts* Mother's Birthplace *Del*  
Name of person giving information *Chas Prattis* How related to deceased *husband*

## CAUSES OF DEATH

168

PHYSICIAN  
OR CORONER

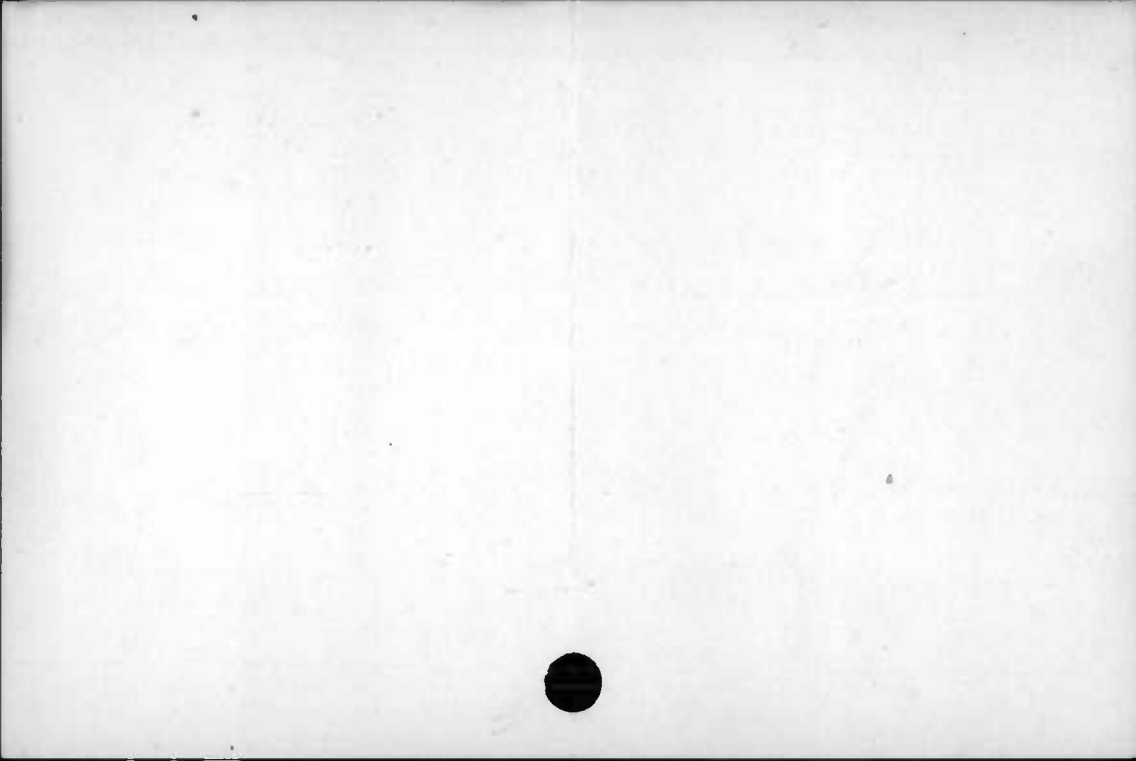
Primary *Dementia* How long *9 years*  
Immediate How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name  
in  
Full

Mary L Price

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Preston		County Caroline		MARYLAND	
Date of death		1907	Month Oct	Day 17	Age 37	Years	Months —
Sex Female		Color or Race White		Birthplace Maryland			
Occupation Housewife		Where Residing if not at place of death —					
Married, Single or Widowed Widow		Name of Wife or Husband Marshall Price					
Father's Name Joshua Broder		Father's Birthplace Md					
Mother's Maiden Name Don't know		Mother's Birthplace Dor. Co Md					
Name of person giving information		How related and deceased —					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	
Signature of Physician J. L. Prober	
Address Preston Md.	
Accident or Suicide?	



Name  
in  
Full

James P Rich

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

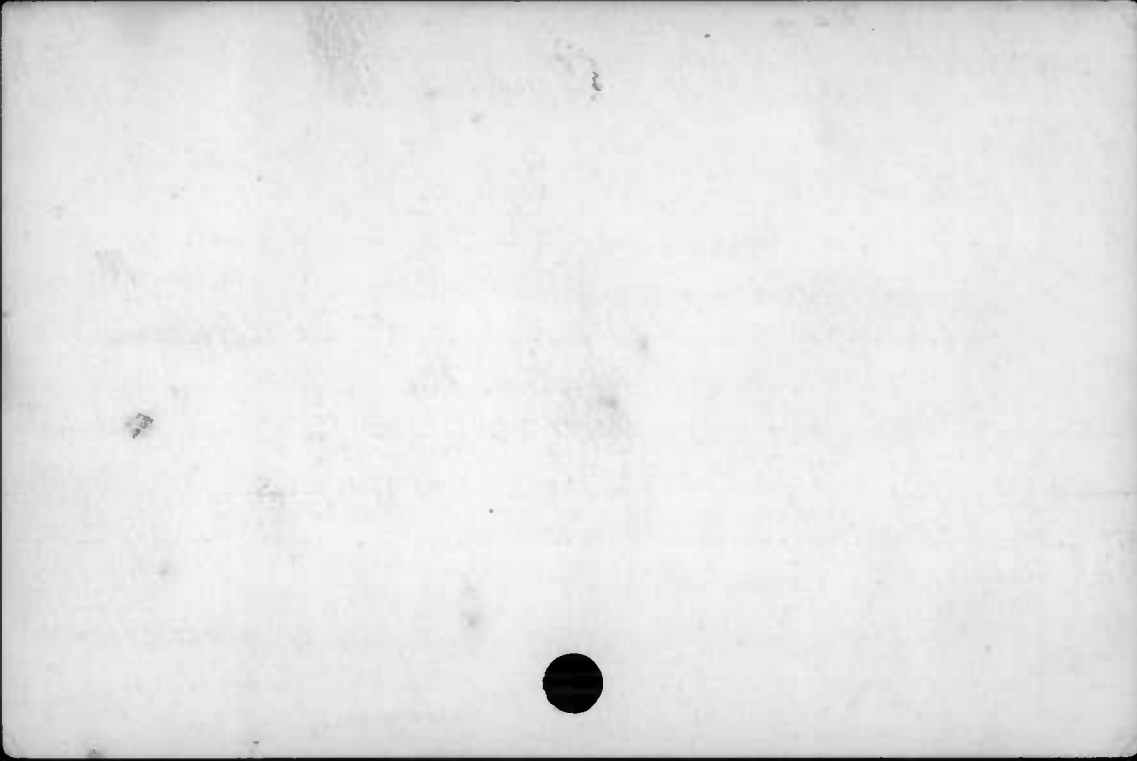
Died at <u>Greensboro</u>		Town <u>Greensboro</u>		County <u>Carroll</u>		MARYLAND	
Date of death	1907	Month	10	Day	23	Age	42
Sex	Male	Color or Race	White	Birth place	Ind		
Occupation	Contractor			Where Residing if not at place of death		Greensboro	
Married, Single or Widowed	Married		Name of Wife or Husband		Ella May Hamington		
Father's Name	Walter Rich			Father's Birthplace	Ind		
Mother's Maiden Name	Maggie Turner			Mother's Birthplace	Ind		
Name of person giving information	Ella M Rich			How related to deceased	Wife		

CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary	Heart trouble	How long	7 years
Immediate	" "	How long	" "
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		W. W. Pooleborough	
Address		Greensboro, Maryland	
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Jennie Shorts			County		MARYLAND	
Died at near Greenboro			Caroline			
Date of death 1907		Month Oct	Day 7	Age 22	Months	Days
Sex Female		Color or Race White		Birth-place Del		
Occupation Housewife			Where Residing if not at place of death			
Married, Single or Widowed Married		Name of Wife or Husband Jno. W. Shorts				
Father's Name Jefferson Bullock		Father's Birthplace Del				
Mother's Maiden Name Sarah Potter		Mother's Birthplace Del				
Name of person giving information David Eveland		How related to deceased Brother in law				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Pht hysis	(27)	How long	2 years
Immediate	Asphyxiated		How long	Immediate
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician J. R. Malone		
		Address Greenboro		
		M.D.		
Accident or Suicida?				





Name  
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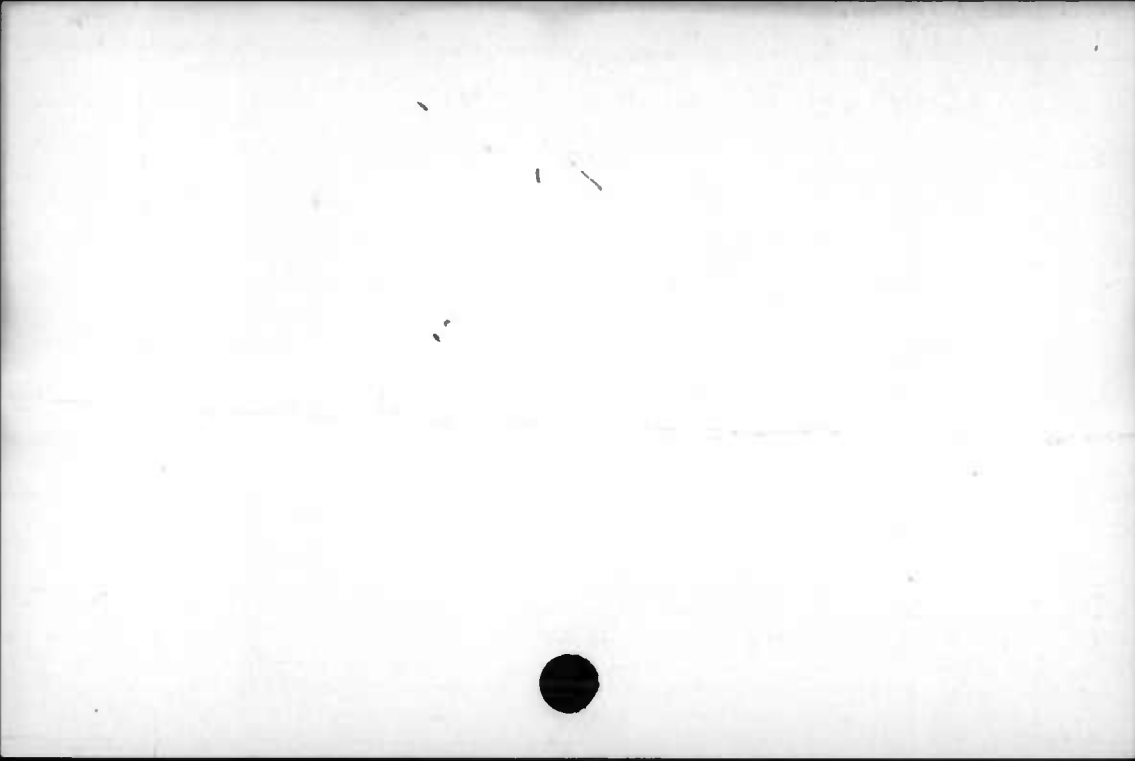
Name in Full <i>James B. Slay</i>		Town <i>Henderson</i>		County <i>Barling</i>		MARYLAND	
Died at <i>Henderson</i>		Date of death <i>1907</i>		Month <i>10</i>		Day <i>16</i>	
Age <i>50</i>		Years <i>11</i>		Months <i>16</i>		Days	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Delaware</i>			
Occupation <i>Druggist</i>		Where Residing if not at place of death <i>Henderson</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Elena B. Slay</i>					
Father's Name <i>John Slay</i>		Father's Birthplace <i>Delaware</i>					
Mother's Maiden Name <i>Sallie Clark</i>		Mother's Birthplace <i>Delaware</i>					
Name of person giving information <i>Thomas Slay</i>		How related <i>Brother</i>					

## CAUSES OF DEATH

46

PHYSICIAN  
OR CORONER

Primary	<i>Cancer in the Stomach</i>	How long	<i>2 years</i>
Immediate	<i>Exhaustion</i>	How long	<i>3 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of <i>H. L. Cooper</i>	
		Address <i>Acting Coroner</i>	
		<i>Goldsmo.</i>	
Accident or Suicide?			



Name  
in  
Full

CERTIFICATE OF DEATH

*Elizabeth Paulina Taylor*  
Died at *Denton* Town *Calverton* County

MARYLAND

Date of death *1907 Oct 8* Age *7* Months *—* Days *—*

Sex *Female* Color or Race *Black* Birth-place *Mo of*

Occupation *Wm* Where Residing if not at place of death *Same*

Married, Single or Widowed *—* Name of Wife or Husband *—*

Father's Name *Mr Brown*

Father's Birthplace *—*

Mother's Maiden Name *Olivia Taylor*

Mother's Birthplace *Mo of*

Name of person giving information *Matthias Taylor*

How related to deceased *Grand father*

CAUSES OF DEATH

Primary *Typhoid Fever*

How long *Three weeks*

Immediate *Same*

How long

Are the name, age, sex, color, date and place correctly given above? *yes*

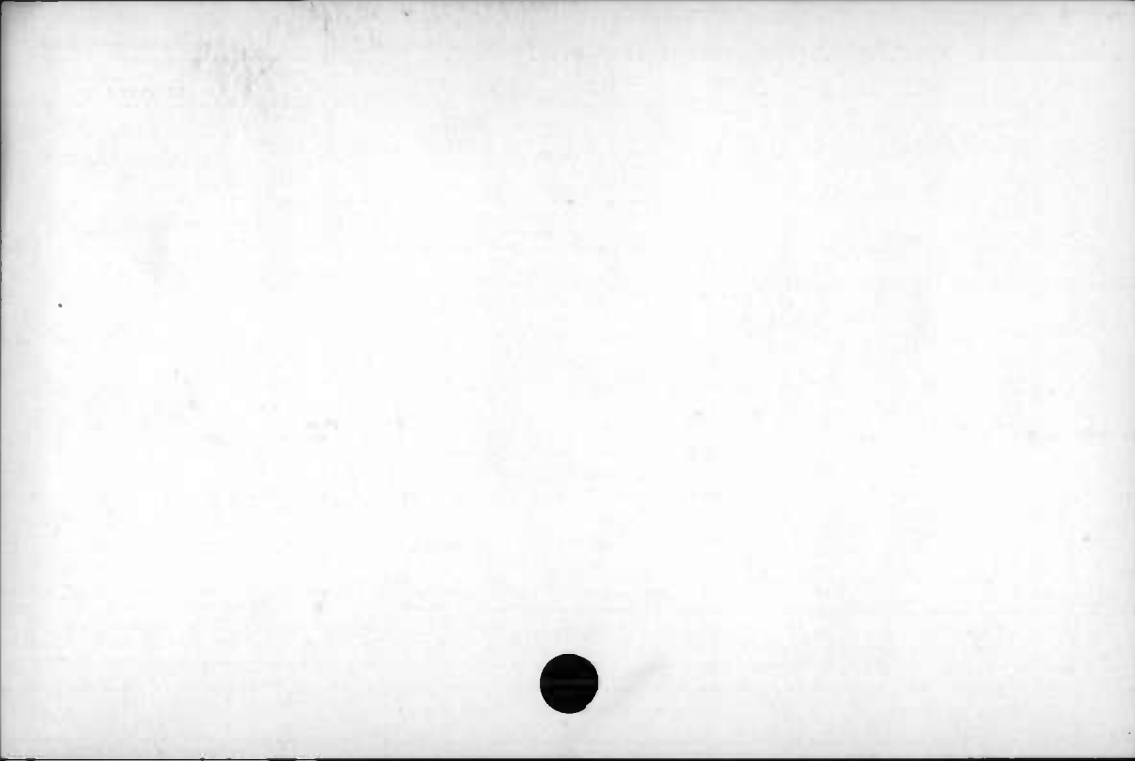
Signature of Physician *P. B. Disher*

Address *Denton*

Accident or Suicide? *No*

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Name  
in  
Full

Mayme L Taylor

CERTIFICATE OF DEATH

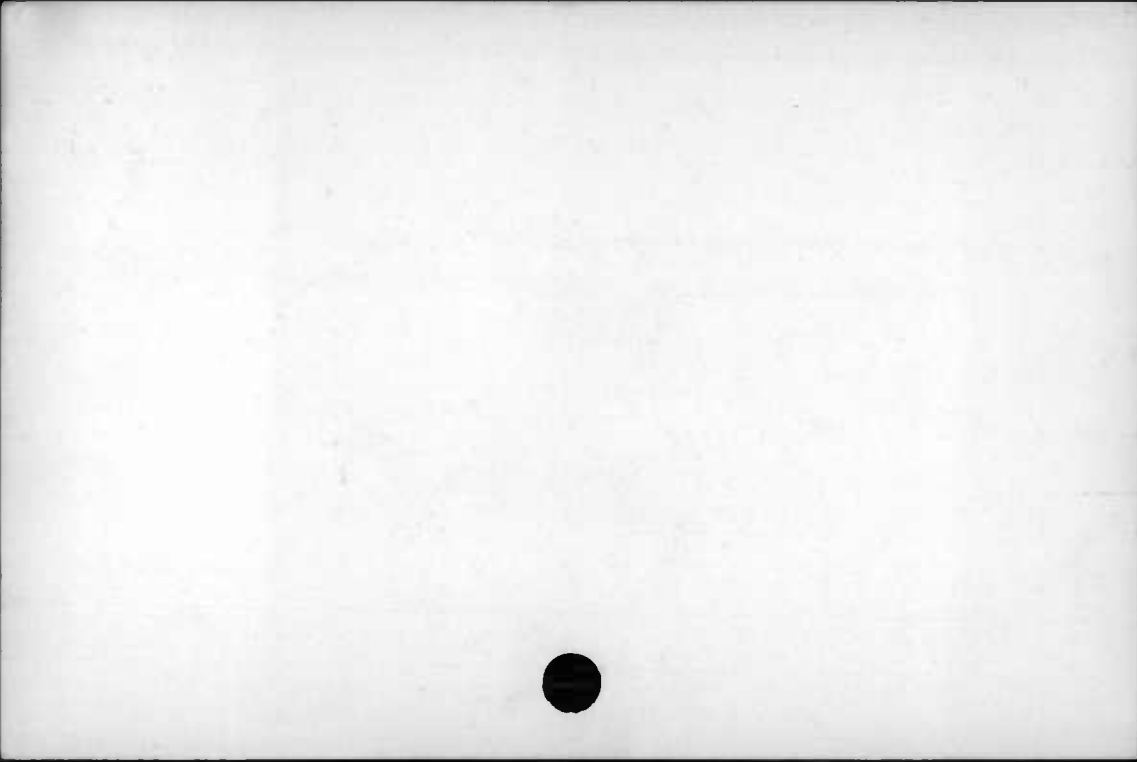
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>M. Preston</i>		County <i>Coraline</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>10</i>	Day <i>22</i>	Age <i>15</i>	Months <i>6</i>	Days <i>3</i>
Sex <i>Female</i>	Color or Race <i>W</i>		Birth-place <i>Mo.</i>		
Occupation <i>Scholarship</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>None</i>			
Father's Name <i>Leven E Taylor</i>		Father's Birthplace <i>Mo.</i>			
Mother's Maiden Name <i>Mary Bennett</i>		Mother's Birthplace <i>Mo.</i>			
Name of person giving information <i>L. E. Taylor</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Typhoid - Pneumonia -</i>	How long	<i>3 wks - 3 ds</i>
Immediate	<i>Heart failure -</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>L. Raymond Downes</i>	
		Address <i>Preston</i>	
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Federalburg</i>		Town <i>Caroline</i>		County		MARYLAND	
Date of death <i>1907</i>		Month <i>Oct</i>		Day <i>25</i>		Age <i>72</i>	
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>md</i>			
Occupation <i>Pensioner</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Ellen Nichols</i>					
Father's Name <i>Thomas Turner</i>		Father's Birthplace <i>md</i>					
Mother's Maiden Name <i>Sarah Andrews</i>		Mother's Birthplace <i>md</i>					
Name of person giving information <i>Harry Turner</i>		How related to deceased <i>son</i>					

## CAUSES OF DEATH

1

PHYSICIAN  
OR CORONER

Primary <i>Typhoid</i>	How long <i>2 weeks</i>
Immediate <i>Pneumonia</i>	How long <i>1 week</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>R. Kemp Jefferson</i>
	Address <i>Federalburg md</i>
Accident or Suicide?	





Name  
in  
Full

Victoria Wellburn -

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <b>Greenboro</b>			County <b>Carver</b>			MARYLAND		
Date of death <b>1907</b>	Month <b>Oct.</b>	Day <b>29</b>	Age <b>26</b>	Years	Months	Days		
Sex <b>Female</b>	Color or Race <b>Caucasian</b>		Birth-place <b>Greenboro.</b>					
Occupation <b>Housewife</b>			Where Residing if not at place of death <b>—</b>					
Married, Single or Widowed <b>Married</b>		Name of Wife or Husband <b>Joshua Wellburn -</b>						
Father's Name <b>Perry Kennedy -</b>		Father's Birthplace <b>M.D.</b>						
Mother's Maiden Name <b>Camilla Morris.</b>		Mother's Birthplace <b>Dorchester Co.</b>						
Name of person giving information <b>Lillie Stamps</b>		How related to deceased <b>Sister.</b>						

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary <b>Phthisis -</b>	How long <b>1 year -</b>
Immediate <b>Influenza &amp; Broncho -</b>	How long <b>2 weeks -</b>
Are the name, age, sex, color, date and place correctly given above? <b>Yes</b>	Signature of Physician <b>D. R. Maalme</b>
	Address <b>Greenboro</b>
Accident or Suicide?	<b>W.D.</b>

